FOR OFFICE USE ONLY				
SLP/Audiology Prov. Checklist				
☐ App. & Fee ☐ Date: Check ☐ Birth Certificate/Legal Entry ☐ Photo ☐ Transcript ☐ Praxis Score ☐ Clock Hours ☐ Letters of Reference ☐ SSN				



Rhode Island Board of Examiners of Speech Language Pathology and Audiology

Room 104 3 Capitol Hill Providence, RI 02908-5097

+-		Instructions and Application For Provisional License As An
lcense #	Name	Audiologist
L10	Na	Speech Language Pathologist

Phone: (401) 222-2828 TTY/TDD: (800) 745-5555 Fax: (401) 222-1272

Applicant - Print Name (First/MI/Last)

GENERAL INFORMATION

Enclosures

The following materials and information should be enclosed within this application packet:

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Application Materials	
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Mandatory Addendum to License Application - Social Security Number Verification	10

Licensure Requirements

U.S. Graduates

- Application fee of \$31.50 for provisional license.
- Recent passport type photograph (2" X 2" head and shoulder view).
- Birth certificate (*original or a copy notarized as being a true copy of the original*), or if born outside the United States, proof of citizenship or lawful alien status, (*original or a copy notarized as being a true copy of the original*).
- Official graduate transcript from an ASHA accredited institution, which includes the degree granted and date awarded.
- Documentation of clock hours directly from an ASHA accredited institution.
- Praxis score sent directly from the Educational Testing Service (ETS) (609-771-7395).
- Two (2) original statements of good moral character from two (2) unrelated people in original form dated no later than six (6) months previous. Letters must be signed, dated and have a return address.

Rules and Regulations/Laws

The "Rules and Regulations for Licensing Speech Pathologists and Audiologists" can be obtained at the following web site:

http://www.rules.state.ri.us/rules/released/pdf/DOH/DOH 2569.pdf

Title 5, Chapter 48, entitled: Speech Pathology and Audiology can be downloaded at the following web site:

http://www.rilin.state.ri.us/statutes/title5/5-48/INDEX.HTM

APPLICATION PROCESS OVERVIEW

The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation, and the Rhode Island Board of Examiners of Speech Language Pathology and Audiology (Board).

Application Process

In addition to the application, you must submit additional information directly to the Board. *All applicable items listed on the "Application Checklist"* (page 9) must be submitted for an application to be considered complete. All applications are considered valid for 1 year from the day they are received at HEALTH. If you do not complete the application process and obtain a license within 1 year, a new application must be submitted.

Please allow a minimum of 4-6 weeks for the entire licensure process to be completed. If you have a malpractice, criminal or disciplinary history in Rhode Island, or another state, it can take an additional 2 or 3 months to process your application.

Licenses will be issued within 7-10 working days following approval of the license. Wallet-sized license cards are mailed within 3 weeks from the date of issuance, and are mailed to the address furnished in the application. You are responsible for notifying the Board office, in writing, if your address changes in the interim. The Board may be emailed an address change. The email address is located at the following web site.

http://www.health.ri.gov/hsr/professions/speech.php

To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site:

http://www.health.ri.gov/hsr/professions/license.php

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once <u>completed</u>, the application will be reviewed for eligibility and approval.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. If you have any questions about this application process, or would like to check on the status of your application, please contact the board staff at (401) 222-2828.

INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION

Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

General Instructions

- 1. Make a copy of the application and forms before you begin in case you make a mistake.
- 2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information.
- 3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
- 4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
- 5. It is your responsibility to check on the status of your application.

Completing your Application

- 1. Complete the application (pages 5-8). You must respond to <u>all</u> components of the application as instructed. If you attach separate pages in continuation of the application, such pages **MUST** clearly indicate the section for which such information is being reported.
- 2. Make check or money order (in U.S. funds only) for the application fee of \$31.50 payable to **Rhode Island General Treasurer** and staple it to the upper left-hand corner of the first (Top) page of the application. This application fee is <u>NON-REFUNDABLE</u>.
- 3. A completed official graduate transcript **sent directly** from an ASHA accredited institution to the Board at the address below. No student copies will be accepted.
- 4. Praxis score sent directly from the ETS (Telephone 1-609-771-7395) to the Board at the address below.
- 5. Documentation of completed clock hours of supervised, direct clinical experience, sent directly from an ASHA accredited institution to the Board at the address below.
- 6. Mail the application and documentation to:

Rhode Island Department of Health
Board of Examiners of Speech Language
Pathology and Audiology, Room 104
3 Capitol Hill
Providence, RI 02908-5097



State of Rhode Island Board of Speech Language Pathology and Audiology

Application for a License as a Provisional Speech Language Pathologist or Audiologist

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens. 1. Name(s) Title (i.e., Mr., Mrs., Ms., etc.) This is the name that will be printed on your License/Permit/ First Name Certificate and reported to those who inquire about your Middle Name License/ Permit/ Certificate. Do not use nicknames, etc. Surname, (Last Name) Suffix (i.e., Jr., Sr., II, III) Maiden, if applicable Name(s) under which originally licensed in another state, if different from above (First, Middle, Last). 2. Social Security Please Refer to "Mandatory Addendum to License Application" on the last page of this application Number U.S. Social Security Number 3. Gender Female Male 4. Date and Place 1 of Birth Day Month City and State; OR Province and Country, etc., if NOT U.S. 5. Home 1st Line Address (Apartment/Suite/Room Number, etc.) **Address** It is your responsibility to notify the board of all Second Line Address (Number and Street) address changes. City State Zip Code Country, If NOT U.S. Postal Code, If NOT U.S. Home Phone Home Fax Email Address (Format for email address is Username@domain e.g. applicant@isp.com) 6. Business **Address** Name of Business/Work Location (ONLY if it is **RELATED** to 1st Line Address (Department/Suite/Room Number, etc.) your license.) Second Line Address (Number and Street) It is your responsibility to notify the board of all address changes. City Zip Code This address will appear on the Country, If NOT U.S. Postal Code, If NOT U.S. Department of Health web site. Business Phone Extension **Business Fax**

Applicant: Print your complete last name > 7. Preferred Please use my **Home Address** as my preferred mailing address Mailing **Address** Please use my **Business Address** as my preferred mailing address Please check ONE 8. Qualifying **Education** Type of School (University, College, Technical School, etc.) Please list the name and information about the school that you attended that Name of School qualifies you for this license. Date Graduated:

Degree Received (Bachelor of Arts, Master of Science, Diploma, etc.)

Applicant: Print your complete last name >

9. Criminal Convictions Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided. If necessary, you may continue on a separate 8½ x 11 sheet of paper.	Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending? Abbreviation of State and Conviction¹ (e.g. CA - Illegal Possession of a Controlled Substance):	Month	Year
10. Disciplinary Questions Check either Yes or	Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are formal charges pending?	Yes	No
No for each question.	Have you ever been denied a license, certificate, registration or permit in any state?	Yes	No
	Note: If you answer "Yes" to any question, you are required to furnish complete details, including and disposition of the matter. You may use the space below or, if needed, on a separate sheet of		, reason

11. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

1.	. being first	duly sworn,	depose	and sav	that	lam	the
		,					
person referred to in the foregoing	application and supporting	ig documents	S.				

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my provisional license to practice as a Speech Language Pathologist or Audiologist in the State of Rhode Island.

I understand that my records are protected under the Federal and State Regulations governing Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the law. I understand that my records are protected under the Federal and State Laws and Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Examiners of Speech Language Pathology and Audiology of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant	Date of Signature (MM/DD/YY)

The foregoing instrument was acknowledged before me this day of		
, 20, by	,	
who is personally known to me or has produced		
as documentation and did / did not take an oath.		

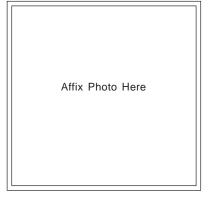
		:
Name of Notary (Print, Type or Stamp)	Signature of Notary	Notary Seal
Notary No/Commission No.	Commission Expiration Date (MM/DD/YY)	:

12. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.





Write your name on the back of the photograph, and provide the date that the photograph was taken.

Date of Photograph

APPLICATION CHECKLIST

Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

Board	<u>Application</u>		
	I have read and understand the "Instructions for Completing the Application".		
	I have completed the Rhode Island Board application as instructed (pages 5-8).		
	I have attached the cover page of the application.		
	I have completed Section 11, "Affidavit of Applicant", and had the form notarized by a notary public.		
	I have attached a photograph to Section 12, "Recent Photograph" as instructed. I have verified that it meets the photograph requirements as stated in the application.		
	I have attached a birth certificate (<i>original or a copy notarized as being a true copy of the original)</i> , or if born outside the United States, proof of citizenship or lawful alien status, (<i>original or a copy notarized as being a true copy of the original</i>), and understand that submitted documents will not be returned.		
	I have a check or money order (preferred), made payable (in U.S. funds only) to the: " Rhode Island General Treasurer " in the amount of \$31.50 and attached it to the upper left-hand corner of the first (Top) page of the application.		
	I have arranged my Board Application materials in the following order.		
	1. Fee (attached as instructed).		
	2. Board Application (including cover page) and pages 5-8.		
	3. Supporting documentation as required. [Note: Pages containing additional information in continuation of the Board application] MUST indicate the section for which the information is being reported.]		
	I have mailed the above application materials directly to the Rhode Island Board of Examiners of Speech Language Pathology and Audiology.		
Other [<u>Documents</u>		
	I have requested a school transcript and my Praxis Score (ETS) as instructed.		
	I have requested two (2) statements of good moral character be sent to the RI Board of Examiners of Speech Language athology and Audiology.		



Rhode Island Department of Health 3 Capitol Hill, Providence RI, 02908-5097 MANDATORY ADDENDUM TO LICENSE APPLICATION Tax Payer Status Affidavit / I dentity Verification

All persons applying or renewing any license, registration, permit or other authority (herein after called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number, or Federal Tax Identification Number (for businesses) as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license.

Licensee Declaration					
	I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.				
	I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the tax administrator.				
	I am currently pursuing administrative review of taxes owed to the state.				
	I am in federal bankruptcy.	(Case #)			
	I am in state receivership.	(Case #)			
	I have been discharged from bankruptcy. (Case #)				
Type of	Type of Professional License for which you are applying.				
Full N	ame (Please Print or Type)	Social Security Number			
Signature		Phone Number (including area code if not 401)			
Date					
This form must be completed, signed and attached to your license application for processing.					